Enhanced Care Management
PROVIDER APPLICATION

Inland Empire Health Plan

DEAR PROSPECTIVE PROVIDER,

Thank you for your interest in becoming an Enhanced Care Management Provider for Inland Empire Health Plan (IEHP). To get a better understanding of the services you provide, please complete the assessment below:

GENERAL INFORMATION

1. **Name of organization:** _____
2. **Contact name:** _____
3. **Email address:** _____
4. **Which area(s) do you serve?**
   - ☐ San Bernardino County
     - If any cities are excluded from this service area, please specify below:
       _____
   - ☐ Riverside County
     - If any cities are excluded from this service area, please specify below:
       _____
5. **Which region(s) do you currently serve?**

   ☐ High Desert ☐ West San Bernardino ☐ San Bernardino Proper
   ☐ Riverside ☐ Corona/Temecula/Hemet ☐ Low Desert
   ☐ Mohave Valley ☐ Palo Verde Valley
6. **How long have you served in the county(ies) or region(s) specified?**
   _____
7. **What county(ies) and region(s) are you interested in serving, if different than #1?**
   _____
8. **Are you equipped to serve Members in remote regions (cities such as Trona, Blythe, Needles, Desert Center)?**

   ☐ Yes ☐ No
9. **Do you currently work with other Health Plans?**

   ☐ If yes, which ones: _____
   ☐ No
10. **Do you provide Cultural and Linguistic Diversity training to your staff?**

    ☐ Yes ☐ No

Continued...

11. **Are you a Medi-Cal Provider (i.e., enrolled with Medi-Cal)?**
    ☐ Yes ☐ No

12. **What languages are spoken by staff members? Please specify below:**
    _____

13. **What age groups do you serve? Please specify below:**
    _____

14. **Are you currently contracted, or have you previously contracted with IEHP?**
    ☐ If yes, please list under which TIN? _____
    ☐ No

15. **Are you currently contracted as an ECM Provider for ECM with other Health Plans?**
    ☐ If yes, please share which health plans? _____
    ☐ No

16. **Are your services primarily:**
    ☐ In-person ☐ Telehealth ☐ Telephonic

17. **What is unique about your organization that would be an asset as a potential ECM partner with IEHP?**_____
    _____

18. **If you are in the field, do you require your health care team to be CPR certified?**
    ☐ Yes ☐ No

BILLING INFORMATION

1. **Are you registered with PAVE and bill Medi-Cal directly for services?**
   ☐ Yes ☐ No

2. **Do you have a system for billing other Health Plans?**
   ☐ Yes ☐ No

3. **Do you currently have a National Provider Identifier (NPI)?**
   ☐ If yes, please include it here:_____
   ☐ No

4. **Are you familiar with the CMS 1500 billing claim form?**
   ☐ Yes ☐ No

5. **Do you currently use a clearinghouse for claim submissions?**
   ☐ If yes, with whom? _____
   ☐ No

6. **Are you able to submit encounter data for services provided?**
   ☐ Yes ☐ No

Continued...

7. **Do you utilize an Electronic Medical Records (EMR) system?**

☐ If yes, which one? _____

☐ If no, what system(s) do you utilize to manage your services?

_____

8. **Do you currently have Secure File Transfer Protocol (SFTP) capabilities?**

☐ Yes ☐ No

9. **Can you manage files in comma-separated values (CSV)?**

☐ Yes ☐ No

PLEASE CHECK EACH BOX INDICATING THE POPULATION OF FOCUS (POF) YOU HAVE SERVED OR ARE INTERESTED IN SERVING. FOR MORE INFORMATION ON POFS, PLEASE REFER TO THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS) MANAGEMENT POLICY GUIDE (PAGE 9).

1a. **Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness**

☐ Experience in Serving ☐ Interested in Serving

1b. **Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness**

☐ Experience in Serving ☐ Interested in Serving

2. **Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")**

☐ Experience in Serving ☐ Interested in Serving

3. **Individuals with Serious Mental Health and/or SUD Needs**

☐ Experience in Serving ☐ Interested in Serving

4. **Individuals Transitioning from Incarceration (Justice Involved)**

☐ Experience in Serving ☐ Interested in Serving

If experienced or interested in serving this PoF, do you employ care team members with Justice Involved lived experience?

☐ Yes ☐ No

If experienced or interested in serving the Justice Involved population, can you briefly describe how you work with correctional facilities?_____

_____

5. **Adults living in the Community and At Risk of Long-Term Care Institutionalization**

☐ Experience in Serving ☐ Interested in Serving

Continued...

6. **Adult Nursing Facility Residents Transitioning to the Community**
   ☐ Experience in Serving ☐ Interested in Serving

7. **Children and Youth Enrolled in CCS with Additional Needs Beyond the CCS Condition**
   ☐ Experience in Serving ☐ Interested in Serving

8. **Children and Youth Involved in Child Welfare**
   ☐ Experience in Serving ☐ Interested in Serving

9. **Birth Equity Population of Focus (Black, American Indian and Alaska Native, and Pacific Islander)**
   ☐ Experience in Serving ☐ Interested in Serving

In addition to answering the questions above, please include a 3-5 slide PowerPoint presentation with the following information about your organizations' service delivery model.

Please include the following items in your presentation:

- Describe relationships with other Managed Care Plans (e.g. how you work with them, the types of contracts you may have in place and the services you provide).
- Describe relationships with health care Providers (e.g., MSO, IPA, CBO, specialty clinic, etc.)
- Describe relationships with other Specialty Providers (e.g., street medicine/homeless, children and youth, etc.)
- Describe your experience with the ECM Populations of Focus
- Describe your care team model (e.g., RN, LVN, BH clinician, Community Health Worker, telehealth/remote teams)
- Describe how you have improved patient health outcomes

Please return this application with your completed answers to the IEHP Enhanced Care Management Team at ECM@iehp.org.

IEHP appreciates your interest in becoming an ECM Provider.

If you have any questions, please do not hesitate to reach out to the above contact information.

Thank you,

IEHP ECM Team